



CONSULATE OF THE KYRGYZ REPUBLIC

Embassy of the Kyrgyz Republic
1732 Wisconsin Ave., N.W., Washington, DC 20007
Tel: (202) 338-5141; Fax: (202) 338-5139
E-mail: Embassy@kyrgyzstan.org

affix the
photo here

VISA APPLICATION FORM

(Application form must be typed or written in block letters)

Citizenship:		Passport number:		Expiration date:		Type:													
Last name (in capital letters)			First			Middle name(s)													
Date of Birth: <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> day month year									Place of Birth:			Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female							
Name of spouse:		Contact organization or private host in Kyrgyzstan, including address and tel.:																	
Purpose of trip: <input type="checkbox"/> Business <input type="checkbox"/> Pleasure																			
Specific purpose of visit																			
Type of visa requested: <input type="checkbox"/> Transit <input type="checkbox"/> Single entry <input type="checkbox"/> Tourist <input type="checkbox"/> Double-entry						<input type="checkbox"/> (6 months) <input type="checkbox"/> Multiple entry (1 year)													
Intended duration From: <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> day month year Until: <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> day month year																			
Occupation, office address:				Permanent address:															
Tel:				Tel:															
Dates of all previous visits to the Kyrgyz Republic:																			
I declare that the data given in this application are correct and comprehensive.																			
Signature				Date															

(For official use only)

Номер:

Дата поступления:
Дата выдачи:

Сроком с:
Сроком до:

Категория:
Дип Служ Обыкн Тур

Вид:
Транз Одн Двукр Многокр

..... мес год

Примечание:

№